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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/748,746	12/30/2003	Tsutomu Baba	81868.0111	2672	
26021 HOGAN & HA	7590 01/29/200 RTSON L.L.P.	9	EXAMINER		
1999 AVENUE OF THE STARS			PHAM, BRENDA H		
SUITE 1400 LOS ANGELES, CA 90067			ART UNIT	PAPER NUMBER	
			2416		
			MAIL DATE	DELIVERY MODE	
			01/29/2009	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/748,746	BABA, TSUTOMU	
interview Summary	Examiner	Art Unit	
	BRENDA PHAM	2416	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BRENDA PHAM</u> .	(3)		
(2) <u>Rose Hickman, Reg, No. 54,167</u> .	(4)		
Date of Interview: 28 January 2009.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>5 and 13</u> .			
Identification of prior art discussed: Nishihara US 7,050,45	<u>5</u> .		
Agreement with respect to the claims f)☐ was reached. g)⊠ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments:	nature of what was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Brenda Pham/			

Application No.

Applicant(s)